City of Columbus, Income Tax Division
City Income Tax Return For Individuals

BEGINNING Jan. 1st or ____ ENDING Dec. 31st or _

Name(s) and Current Address						Your social security number Check the appropriate box in REFUND (An amount n in Line 6B for this return to be			n amount mu return to be					
					Spouse's social security number a valid refund request.) AMENDED tax year									
						Filing Status Single Married-Filing Joint Married-Filing Separate								
						•Did you change residence during 2007? YES NO If YES, enter date of move								
							d your account be			YE	S		NO	
		nd applicable Federal sche er(s) and address where					S, explain		20062	YE	<u> </u>	_] NO	
Part A		age 2 for Adjustments to	•	IA	XABLE WAGES	Did you file a City return in 2006? City(ies) of Employment/Income #1					#2	_		
			(+)	\$		•City of Residence								
						Occupation or nature of business: City Tax City					City	Tax		
			(+)	\$		City		Code Rate City			- //	IED)	Code	Rate
ADJUSTMENT	rs		(-)	\$		Columbus Brice Canal Winchester		01 2.0% Harrisb 14 1.0% Marble 11 2.0% Obetz			rrg (UFR) 16 1.0% Cliff 13 2.0% 10 2.0%			
NET WAGES	(enter in	Column B below)	(=)	\$ Groveport				09 2.0% UFR = Universal Filing Requirement of residents of this community.						
Part B	2007	TAX CALCUL	ATION If	you fil	le with more than	two citi	ies, call 645-73	370	and red	quest Form IF	₹-2	5.		
Column A	C O D E	Column B INCOME FROM WAGES, SALARIES, COMMISSIONS ETC. (SEE NET WAGES)	Column (INCOME FROM PROFITS, RENTS OTHER TAXABLE IN (Pg. 2)	NET	Column D TOTAL NET TAXABLE INCOME	TAX RATE	Column E TAX DUE		PAID BY PAID I	COLUMN F AX WITHHELD (W A PARTNERSHIP DIRECTLY TO CIT NCOME WAS EAF	OR Y)	Colum NET TAX	
*ALTERNATE CI	TY													
*ALTERNATE CITY 1 TOTAL NET		instructions UE (TOTAL OF COLUM	N G)								1	\$		
		ESTIMATED TAX PAYME	*					2	T					
3. BALANCE D	UE (LIN	E 1 LESS LINE 2). If Line	e 2 is greater than	Line 1	1, enter amount (in I	orackets)	here and carry	to Li	ne 6		3	\$		
4. PENALTY: 1	0% \$	+ INTERE	ST \$	+	LATE FEE \$	actruction	=				4	\$		
5. TOTAL AMO		E (ADD LINES 3 AND 4).									5	\$		
6. OVERPAYMENT CLAIMED (IF LINE 2 EXCEEDS LINE 1)								6	\$					
A. ENTER THE AMOUNT FROM LINE 6 YOU WANT CREDITED TO YOUR NEXT YEAR TAX ESTIMATED						6A	\$		◀ (CARRY THIS	5 A	MOL	JNT TO	LINE 8
	B. ENTER THE AMOUNT FROM LINE 6 YOU WANT REFUNDED (MUST BE GREATER THAN \$1.00) 6B \$													
Part C		DECLARATIO				A de	eclaration of estima		<u> </u>		e no	t fully		
Column H	l c	ESTIMATED INCOME	Column . ESTIMATED INCOME	FROM	Column K TOTAL	TAX	Column		LESS 1	Column M AX TO BE WITHH			Colum ESTIMA	
CITY	D E	FROM WAGES, SALARIES, COMMISSIONS - ETC.	NET PROFITS, RENT OTHER TAXABLE IN		NET ESTIMATED INCOME	RATE	ESTIMATED TAX	DUE	OR PA	ID BY A PARTNER ID DIRECTLY TO C INCOME WAS EAF	ITY		NET TAX	
*ALTERNATE CI	TY													
7. TOTAL NE	T ESTIN	MATED TAX DUE (TOTAL	OF COLUMN N								7	\$		
8. OVERPAYN	MENT CI	REDITS FROM PREVIOU	IS YEAR RETURN	(FRC	OM LINE 6A)			8	\$					
9. TOTAL CR	EDITS	(AMOUNT FROM LINE 8	3)			9 \$								
10. UNPAID BALANCE DUE (SUBTRACT LINE 9 FROM LINE 7)														
11. LESS AMOUNT PAID WITH THIS DECLARATION (A minimum 25% of Line 7 due now)							_	1		1	\$			
12. ESTIMATED TAX BALANCE PAYABLE IN EQUAL INSTALLMENTS EACH QUARTER (Line 10 le						10 less	Line 11)	12	\$					
13. TOTAL (ADD LINE 5 [if positive] AND LINE 11)														
Third Party Designee Do you want to allow another person to discuss this matter with the City of Columbus? (see instructions) Phone No. Phone No. SSN														
The undersigned declares that this return (and accompanying schedules) is a true, correct and complete return for the taxable period stated, and that the figures used are the same														
as used for federal income tax purposes and understands that this information may be released to the tax administration of the city of residence and the I.R.S. Sign Here Your Signature Date														
If a joint return,	-					Date				Make checks payable to: CITY TREASURER				
both must sign. Spouse's Signature ▶ Paid				Mail to:):		'av Div				
Preparer's Use Only	Signat	ure ▶			Date		ne No. ()		PC	В	x 18	Income T 2158 Ohio 432	
Rev. 10/25/2007					·			_	-	_				

ame(s) as shown o	on Pa	age 1				Your Social S	ecurity N	umber
			Non-Wage	Income				
Column O	C O D E	Column P INCOME (OR LOSS) FROM FEDERAL SCHEDULE C AND/OR F - ATTACHED	Column Q RENTAL INCOME (OR LOSS) FRO FEDERAL SCHEDULE E - ATTACHED	Columi OTHER INCOME FR PARTNERSHIP K-1	OM FEDERAL			OME (OR LOSS) , CARRY TO PAGE
ason for Adjustme	ent (Claim for Refu	nd and Adjustr	nents to Ta				
ırt 1 Adi	ine	tments to Taxable W	2006					
If you are claim job here. Do no Employee busin Lines 15 or 24	ning lot in ness belo	employee expenses from Federa nclude wages included on Lines 1 s expenses from Federal Form 21 ow. <i>Attach a copy</i> of the 2106 a	Il Form 2106, enter your tot 14 or 23 below. See instruc 06. Do not include 2106 e. and Federal Schedule A. S	etions etions.etionsetions.e) 3			
		m 1. If less than zero, enter zero wages you or your spouse earne	•	-			3	
Wages earned driver's license here:	while or a	the age of 18 for all or part of the le under the age of 18. Attach a notarized statement from either	a copy of your birth certific parent stating your birthday	ate, a copy of your . Enter date of birt	5			
		rned					6	
Income upon w Subtract Line 8	vhict 3 fro	roperly withheld from your wages h tax was improperly withheld by m 7. List this figure in Part A of I rned	employer. Complete Par Page 1 along with any othe	taxable wages you	8		9	
					1		9	
		operly withheld from your wages term disability withheld by emplo	-					
2. Income from long-term disability withheld by employer								
Subtract Lines	11 a	and 12 from 10. Complete Pa	art 2 below				13	
		resident railroad employee or no Dhio, enter your total railroad or			14			
Enter the amou	ınt o	of 2106 expenses related to this in	ncome. Attach a copy of t	he 2106 & Fed Sch	A 15			
Multiply the amo	ount	om 14. If less than zero, enter z t of Line 16 by 10% (.10). List thi or your spouse earned. <u>Comp</u>	is figure in Part A of Page 1	along with any other	r 16		17	
		ent employee who worked part o				d city tax	17	
		ugh 28. Attach a list of the da uber of vacation days taken during						
Enter the total i	num	ber of holidays for the entire year	ar		-			
		ber of sick leave days taken duri	•					
		ıgh 20					_	
		om 260 (total workdays in a year					_	
3. Enter your total wages for this job for the year					-			
4. Enter the amount of 2106 expenses related to this income. Attach a copy of the 2106 & Fed Sch A 5. Subtract Line 24 from 23. If less than zero, enter zero								
6. Divide Line 25 by the number of days shown on Line 22								
7. Enter the number of days worked in the city (Line 22 less total days worked out)								
		Line 27. List this figure in Part A		-		<u> </u>	28	
		e earned. <u>Complete Part 2 be</u>						
		cation by Employer F						
mpleted employed We certify that the their not working it	e <i>r ce</i> e em insid	is required to claim adjustments ertification. A separate certification bloom ployee referenced on this form water the corporate limits of the city that no adjustment has been or with the corporate limits of the city that no adjustment has been or with the corporate limits of the city that no adjustment has been or with the corporate limits of the city that the	ion is required for each job as employed by the undersion or city tax was improperly v	for which you are gned during the year withheld; that no por	claiming adju referenced of tion of the tax	stments on Lir on this tax retur	nes 7 thr n; that th	<i>rough 28 abov</i> e employee wa
ame of mployer				loyer's ne No. ()		Date		
fficial's			Offic	cial's Name Printed				
gnature			Title					

City of Columbus, Income Tax Division

Quarterly Statement of Estimated Income Tax Due

2

	Estimated inco	iic iax bac
SOCIAL SECURITY NUMB	ER	TAX YEAR
		2008
PAYMENT DUE ON	111111111111111111111111111111111111111	# 0

JULY 31

NAME AND ADDRESS:

Make checks payable to: CITY TREASURER **Columbus Income Tax Division**

PO Box 182158 Columbus, Ohio 43218-2158 Note: Do not send cash through U.S. Mail

VOUCHER 2 - (CALENDAR YEAR -	DUE JULY 31)					
Amount of this installment	\$					
Amount of unused overpayment credit, if any, applied to this installment	\$					
Amount of this installment payment (Line 1 less Line 2)	\$					

This form may be electronically filed and paid at www.columbustax.net

Rev. 10/23/2007

IR-18

City of Columbus, Income Tax Division

Quarterly Statement of Estimated Income Tax Due

TAX YEAR SOCIAL SECURITY NUMBER 2008

PAYMENT DUE ON 3 **OCTOBER 31**

NAME AND ADDRESS:

Make checks payable to: CITY TREASURER Mail to: Columbus Income Tax Division PO Box 182158

Columbus, Ohio 43218-2158

Note: Do not send cash through U.S. Mail

VOUCHER 3 - (CALENDAR YEAR - DUE OCTOBER 31)							
Amount of this installment	\$						
Amount of unused overpayment credit, if any, applied to this installment	\$						
3. Amount of this installment payment (Line 1 less Line 2)	\$						

This form may be electronically filed and paid at www.columbustax.net

Rev. 10/23/2007

IR-18

City of Columbus, Income Tax Division

Quarterly Statement of Estimated Income Tax Due

TAX YEAR SOCIAL SECURITY NUMBER 2008

PAYMENT DUE ON **JANUARY 31, 2009** 4

NAME AND ADDRESS:

Make checks payable to: CITY TREASURER Mail to: **Columbus Income Tax Division** PO Box 182158

Columbus Ohio 43218-2158

Note: Do not send cash through U.S. Mail

Columbus, Onio 43210-2130					
VOUCHER 4 - (CALENDAR YEAR -	DUE JANUARY 31, 2009)				
Amount of this installment	\$				
Amount of unused overpayment credit, if any, applied to this installment	\$				
3. Amount of this installment payment (Line 1 less Line 2)	\$				